

# For Washington State Nursing Home staff

From Residential Care Services, Aging and Disability Services  
Department of Social & Health Services

Volume 3, Issue 1  
October 2009



our mascot  
Cousin IT

## "This is I.T." Newsletter

Info and Tips from the MDS-WA Office—**Clinical stuff,**  
**Computer stuff, Reports 'n stuff, and other STUFF!**

By Marge Ray and Shirley Stirling, State of WA, DSHS

**Inside this  
issue:**

OBRA & Medicare MDS Scheduling Siblings but not Twins	Page 1
Connect the MDS Dots	Page 2
Coding Scenario Quiz Timing Due Dates Medicaid Rates Time to track Flu Shots Tips from the Treasure Trove	Page 3
MDS 3.0 One Year and Counting Computer Corner Answers to Coding Scenarios	Page 4

### OBRA & Medicare Assessment Scheduling- Siblings but not Twins

**Timing, timing, timing!** In real estate, they say that the 3 most important features are location, location, location. For scheduling Minimum Data Set (MDS) assessments, it may well be timing, timing, timing!

#### Timing and OBRA

The OBRA 87 (Omnibus Reconciliation Act of 1987) long term care regulations, effective 10/1/1990, defined a schedule of assessments to be completed for nursing home residents:

1. Upon Admission,
2. Quarterly,
3. Annually,
4. When a Significant Change in Status Occurs
5. When a Significant Error in a Prior MDS is found

These assessments are known as OBRA assessments and in MDS 2.0, are listed in Sections AA8 and Section A8 under item a., Primary Reason for Assessment. In the MDS system, item a. must always be completed, even if the reason is "0" None of the above.

OBRA began before the Medicare Assessment schedule. Following the scheduling rules for OBRA was not hard in those first 7 years. The first MDS was always the initial admission assessment. It must be completed no later



than the 14<sup>th</sup> day of the resident's stay and, because it is a comprehensive assessment, RAPS (Resident Assessment Protocols) and a comprehensive plan of care are also required. After this assessment is completed, the next required OBRA assessment is a quarterly. In Washington State a quarterly MDS consists of the basic tracking form and all data elements in Sections A through R plus W. **No RAPS are required on quarterly assessments in WA State.** The quarterly MDS must be completed and signed off with an R2b no later than 92 days from the R2b date of the admission assessment. The second and third quarterly assessments follow the same pattern, with completion no later than 92 days from the previous R2b date. After 3 quarterlies, the next OBRA required assessment is an annual. The annual is a comprehensive assessment and RAPS are again be required. There are two timing rules that must be met for annual assessments:

#### 92 Day Rule

No more than 92 days can elapse between the R2b

date of this assessment and the previous assessment.

#### 366 Day Rule

No more than 366 days can elapse between the VB2 date of this assessment and the VB2 date of the previous comprehensive assessment. (VB2 is the RAP completion date).

#### Cycle of Assessment

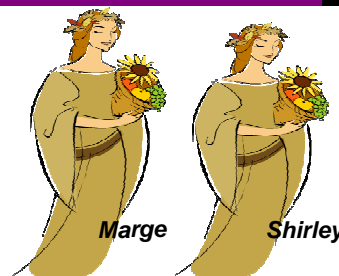
This cycle of comprehensive assessment followed by 3 quarterlies then another comprehensive assessment and 3 quarterlies continues as long as the resident is in the nursing home unless a significant change in status occurs or until the resident is discharged with 'return not anticipated'.

#### New Schedule = New Cycle

A significant change in status requires a new comprehensive assessment with RAPS to be completed, thus, a new OBRA schedule will result based on the R2b and VB2 date of the significant change MDS.

#### Discharge (06) Ends a Cycle

When a resident discharges return not anticipated (06) but later returns to the nursing home, a new admission OBRA assessment is completed and a new assessment schedule is established. A Discharge with Return Anticipated (07) does not change the assessment cycle unless there is a significant change in status.



**Our goal...** Our goal is to help you accurately assess, code, and transmit the MDS. Accurate assessment forms a solid foundation for individualized care to help residents achieve their highest level of well-being.

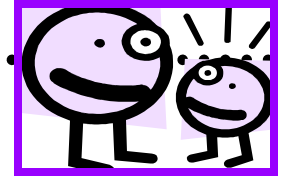
The timing requirements for OBRA and Medicare have similarities but are not identical. **See page 2 'Connecting the Dots' to see how OBRA and Medicare assessments work in tandem.**

Keeping the assessment types and schedules straight is important to ensure compliance with the long term care requirements, the Medicare billing rules and the RAI manual coding instructions. Tools available to assist you include:

1. **The RAI User's Manual**, Chapter 2: the Assessment Schedule for the RAI.
2. **Charts for OBRA and Medicare scheduling**: Chapter 2 of the RAI manual pages 2-22\* and 2-29.
3. **OBRA Scheduler Calendar** located at [www.QTSO.com/MDSdownload.htm](http://www.QTSO.com/MDSdownload.htm) select MDS from the side menu and then the MDS OBRA Scheduling Calendar.

*\*Please note:* The chart on page 2-22 states that assessments must be submitted to the state no later than 31 days after completion. This is a federal requirement but the State of WA requires MDS submission by day 10.

## Connecting the MDS Dots



The Medicare Assessment Process was retroactively layered onto the OBRA assessment Process.

**Read on to see how OBRA and Medicare assessments can work together.**

- **In Addition** - Medicare PPS (prospective payment system) assessments are in addition to those required by the OBRA regulations.
- **Way Back When** - Keeping track of OBRA assessments was fairly straight forward until 1998. The Balanced Budget Act of 1997 changed the method of payment for Medicare nursing home residents to one that uses MDS items to classify resident assessments into resource utilization groups (RUG) for a case mix payment system. This system matches resident care needs to payment by requiring nursing homes to complete MDS assessments for Medicare residents at more frequent intervals.
- **Reason b** - On the MDS 2.0 form, the Medicare assessments are found in Sections AA8 and A8 under b. Codes for assessments required for Medicare PPS. They include a 5 day, 14 day, 30 day, 60 day, 90 day, Medicare readmission/return and Other Medicare required assessment (OMRA). When an MDS is done for OBRA reasons only - not Medicare - the "b" box can be left blank.
- **Medicare Sequence** - The first Medicare assessment completed in the nursing home is the 5-day Medicare Assessment and is coded as a "1" in AA8b and A8b. While OBRA relies heavily on the R2b date to determine timeliness, Medicare uses the ARD (assessment reference date or A3a). Unlike the OBRA admission assessment that must be completed at R2b by day 14, the first Medicare MDS must have an ARD set within a more specific timeframe (See table below from pg 2-27 of RAI Manual). Subsequent Medicare assessments also have defined date ranges for setting the ARD and completing a Medicare assessment either too early or too late (outside the window) will result in payment penalties.

Medicare PPS MDS Assessment Type	ARD Days	Grace Days	# of days for payment	Applicable Medicare Payment Days
5-day	1 – 5	6 – 8	14	1 - 14
14-day	11 - 14	15 - 19	16	15 - 30
30-day	21 - 29	30 - 34	30	31 - 60
60-day	50 - 59	60 - 64	30	61 - 90
90-day	80 - 89	90 - 94	10	91 - 100

- **Grace Days**—Medicare assessments also have a special feature called "grace days". These days are available to extend the ARD window for a Medicare MDS on a case-by-case basis in order to more fully capture a resident's performance in therapies or other resource intensive care services provided to the resident. Grace days are not part of the OBRA assessment process and cannot be used to extend the R2b time frames.
- **OBRA and Medicare assessments can be combined** but all criteria for each assessment type, including timing deadlines, must be met. When Medicare assessments are combined with OBRA assessments, the use of grace days may be limited because the most stringent requirements for assessment completion take precedence. **For example:** a 14-day Medicare MDS is to have the ARD set between day 11 and Day 14 (the first day of Medicare Part A coverage is day 1). If the facility has not yet completed the initial OBRA admission assessment, they may choose to combine the Medicare 14-day with the OBRA admission MDS to meet two requirements with one assessment. **By choosing this combination, the facility gives up the right to use grace days** for the 14-day Medicare assessment because the OBRA regulations state that the admission MDS must be completed no later than the 14<sup>th</sup> day of the resident's stay and, if grace days were used, that regulation would be violated.
- **When a Medicare resident goes to the hospital and returns to the nursing home still on Medicare**, the Medicare assessment schedule starts over but not necessarily the OBRA schedule. For Medicare, the MDS due upon return from the hospital (when the resident is still on Medicare) is coded as a "5" Medicare readmission/return assessment. It has the same rules as the 5-day PPS assessment, but it signifies that a Medicare resident has restarted their nursing home stay. Following this readmission/return MDS the next PPS assessment would be the 14-day, then the 30-day, etc. This pattern of assessments is repeated each time a Medicare resident goes to the hospital and returns on Medicare as long as the Medicare eligibility exists.
- **The OBRA schedule will not change unless the resident is found to have a significant change of condition upon return from the hospital stay.** If this happens, the MDS is coded as a "3" in box 'a. Primary reason for assessment' and a "5" in box 'b. Codes for Medicare PPS'. RAPS would be done and the OBRA schedule would be re-set with the next quarterly due within 92 days of the R2b for this significant change assessment.

## Coding Scenario Quiz

### Scenario 1:

Mr. Frost was admitted to CMS Nursing Home on 10/2/2009 on Medicare following surgical repair of left hip fracture. The ARD for the 5-day Medicare must be set between 10/2/09 (first day of Medicare) and 10/6/09. There are also 3 grace days available, and if used, would push the ARD available dates to 10/9/09. The admission OBRA MDS must be completed no later than 10/15/09 (date of admission + 13 days). The facility chose to combine the 5-day Medicare and the initial admission OBRA MDS together with an ARD of 10/5/09 and an R2b of 10/8/09. **What would the coding be for items AA8 and A8?**

### Scenario 2:

Mr. Frost developed a problem that required hospitalization and discharged to the hospital on 10/9/09 with an expected return. On 10/11 he returned, still on Medicare. To re-establish him in the system and to start Medicare payment for his stay, a Medicare MDS is required. Nursing staff evaluated his condition upon return and determined that no significant change in status had occurred. **What would be the appropriate coding for AA8 and A8?**

**How will you code these scenarios?**  
(See Page 4 for answers.)



## Timing Due Dates for Medicaid Rates

Page 3 of 4

WA State has 4 quarterly due dates related to the Medicaid rates: 1 month plus 1 day after the end of the quarter. (Due dates are delayed to the next business day when the cut-off date falls on a state holiday or weekend.)

### Due Dates for MDS Submission

1st Qtr (Jan 1-March 31) Data for this quarter must be submitted before May 2.  
2nd Qtr (April 1-June 30) Data for this quarter must be submitted before Aug 2.  
3rd Qtr (July 1-Sept 30) Data for this quarter must be submitted before Nov 2.  
4th Qtr (Oct 1-Dec 31) Data affecting this quarter must be submitted before Feb 2.

### Preliminary RUG Reports

As a courtesy, Preliminary RUG Reports are published to let you know your status in terms of assessments to allow you to make needed corrections before the above deadlines. The reports are posted on the MDS transmission site near the Final Validation Reports along with the Final RUG Reports.

1st Qtr The Preliminary RUG report is run around April 19.  
2nd Qtr The Preliminary RUG report is run around July 19.  
3rd Qtr The Preliminary RUG report is run around October 19.  
4th Qtr The Preliminary RUG report is run around January 19.

## Time to track flu shots...



MDS Section W item 2 Influenza Vaccine is now required.

This item is "active" for any MDS with an ARD (assessment reference date-A3a) of 10/01/2009 through 6/30/2009. The RAI manual defines the current influenza season as beginning when this season's flu vaccine is made available to the public (revised definition July 2008). Thus, **if an MDS has an ARD of 10/01 or after and the resident received the flu vaccine in September, the MDS should be coded to show that the resident has received the flu shot for the current flu season.** If the ARD was prior to 10/01, W2 is not required to be completed. If your facility intends to administer the flu vaccine but you have not scheduled it to be given yet, code W2a as "0" No and in W2b, enter a dash for the reason it was not administered. If residents receive the flu shot at a later date, you can capture this on subsequent assessments or on the discharge tracking form.

Do not code the H1N1 vaccine in W2, only the **seasonal influenza vaccine**.

Go to: [www.adsa.dshs.wa.gov/professional/nh.htm](http://www.adsa.dshs.wa.gov/professional/nh.htm) select Flu Information.

## Q2IT Tips from the Treasure Trove

### Did you know...



- For Medicare Prospective Payment System (PPS) assessments, the Assessment Reference Date (ARD) **must be set in your software before the ARD window closes** to be counted as timely. ARD is item A3a in MDS.
- The key date for PPS assessment is the ARD but for OBRA assessment the key dates are AB1, ARD, R2b and VB2.

- The Medicare PPS Assessment Form (MPAF) is just for Medicare assessment. It is a sub-set of MDS items and, when transmitted, accepts only the PPS items into the CMS database. All non Medicare items are ignored.
- You can use MPAF to save time when an assessment is required under Medicare but not OBRA.
- In Washington State, the short PPS assessment form (MPAF) can be used for Medicare-only assessments, not for OBRA/Medicare combined assessments.
- Though federal requirement for submitting MDS assessments after completion is 31 days, the State of WA requires MDS submission by day 10.



## DSHS-ADSA-RCS

360-725-2487 Marge Ray,  
RAI Coordinator  
marjorie.ray@dshs.wa.gov

360-725-2620 Shirley Stirling, MDS  
Automation Coordinator  
shirley.stirling@dshs.wa.gov

## ADSA on the Web!

<http://www.adsa.dshs.wa.gov/Professional/>

## NH web sites in WA

## Info for NH Professionals

<http://www.aasa.dshs.wa.gov/professional/nh.htm>

## MDS Automation web page

<http://www.adsa.dshs.wa.gov/Professional/MDS/Automation/>

## MDS Clinical web page

<http://www.adsa.dshs.wa.gov/Professional/MDS/Clinical/>

## NH Rates web page

<http://www.adsa.dshs.wa.gov/professional/rates/>

## NH Rates and Reports

<http://www.adsa.dshs.wa.gov/professional/rates/reports/>

## Case Mix web page

<http://www.adsa.dshs.wa.gov/professional/CaseMix/>

## ProviderOne Phase One

The MDS-WA newsletter publishes info that you can **really use** in your work with the MDS: tips and hints, new stuff from CMS, clinical info, technical help, notices about RUG reports, and more.

**Sign up for the MDS-WA Listserv Newsletter** by sending an email to [LISTSERV@LISTSERV.WA.GOV](mailto:LISTSERV@LISTSERV.WA.GOV)

## MDS 3.0 - One Year and Counting

The Centers for Medicare and Medicaid (CMS) will post the following information on their website in October 2009:

- The MDS 3.0 Data Elements (MDS forms)
- The MDS 3.0 RAI User's Manual
- Detailed RUG IV Logic as part of the MDS 3.0 RAI User's Manual

In December 2009, more MDS 3.0 material will be posted:

- Complete Grouper package for RUG classification
- Care Area Assessments (replacement for the current RAP process)

Planning is underway for outreach and education. An MDS 3.0 overview satellite broadcast is tentatively scheduled for December 18, 2009. As soon as the program is final, we will notify you via our list serve and post the info on our state website. A webcast of this program will be available for about one year.

Two more satellite broadcasts are planned for 2010. Topics, dates and times are yet to be announced. A series of training sessions for WA state nursing homes and surveyors is planned for the summer, 2010. Stay tuned for details.

## Computer Corner

by Shirley Stirling

### Timing and Particulars for Passwords

Many NH Staff who work with the computer side of MDS log into 3 federal systems:

#### MDS Password for MDSxxxxxxx User ID-

This password expires every 60 days. Once your password has expired, you cannot log in to MDS, but should be directed to QIES User Maintenance, then to a password update page.

You can reset a password any time, even if your account is locked. Just go into QIES User Maintenance. If you want to reset your password, do it there or if you forgot your password or are locked out, click on the link below the log-in box that says, *Forgot your password or Inactive Account?* Then you must enter your MDSxxxxxxx ID and answer the 3 security questions you set up for yourself.

If you forget both your User ID and password, please call the QIES Helpdesk at 1-800-339-9313.

If you input MDS (which goes to the state server) but do NOT use CASPER reports



which goes to the federal repository), you may get an email reminder to log in and keep your account active. The federal system has simply noticed your inactivity at the federal repository. You can ignore this letter if you do not pull CASPER reports.

**CASPER Password** - The CASPER Log-in is the same as the MDS Log-in, expiring in 60 days. You will get an email reminder to change your password. When trying to access CASPER, the account locks after 3 invalid tries and must be reset. To reset your password, go out of CASPER and use QIES User Maintenance.

#### AT&T Password for H@ User ID -

This password expires every 60 days and the system will prompt you to create a new password. Passwords must be 5-8 alpha, numeric or special characters. It must start with a letter, any letter A-Z. It does not matter if letters are upper or lower case. You cannot reuse a password for 6 password cycles, but it is better, for security, to never repeat a password. If you get stuck with a password issue, contact MDCN Help at 800-123-1234 [MDCN@palmettogba.com](mailto:MDCN@palmettogba.com)

**Password Hints:** Don't use your position, name, NH, the month, the season, or anything about medical stuff, nursing, your street, town or favorite team. Use 2 short words that are spelled funny. Put a number and symbol anywhere but the beginning. Make it as long as allowed.

### Answers to Coding Scenarios

**Scenario 1:** AA8a and A8a = 1 and AA8b and A8b=1. Both timing standards have been met.

**Scenario 2:** AA8a and A8a = 0, AA8b and A8b = 5. Since there was no significant change, there is no OBRA assessment required. As a result, the only assessment required is the Medicare PPS assessment and the code of 5 is the correct code to notify the system that a Medicare resident has resumed a Medicare stay in the nursing home.

If a significant change had occurred, then the coding would be a "3" in AA8a and A8a and a "5" in AA8b and A8b and RAPS would be required because of the significant change and a new OBRA schedule would be in place.